

## CLAIMS ONLY

Application Number  
1015022367

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT						
	Indep	Depend	Indep	Depend	Indep	Depend					
1											
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48											
49											
50											
Total Indep	4		4								
Total Depend	16	16	16								
Total Claims	20	20									

100

Total

Indep

Depend

Total

Claims

100

Total

Indep

Depend

Total

Claims